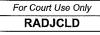
REQUEST FOR ADJUDICATION **COMPLEX LITIGATION DOCKET (CLD)**

JD-CL-77 Rev. 4-13

STATE OF CONNECTICUT JUDICIAL BRANCH

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INSTRUCTIONS

- Fill out a form for each motion or objection (or request) that you want decided.
 File in the CLD location where the case is assigned.
 In all cases that require e-filing, Requests For Adjudication shall be e-filed and the filer must select "Request for Adjudication Complex Litigation" when naming the form in efiling.

The Court will only act on or schedule a motion or objection (or request) if a Request for Adjudication form is filed. A Request for Adjudication form should be filed **after** the time for filing a response to the motion or objection has passed (unless the matter needs immediate action or the parties agree, in which case it may be filed before the time for filing a response has passed).

Judicial District of	Name of case		Docket number			
Waterbury	Robin Sherwood et al. v. Stamford Health Systems, Inc., et al.		L	-6025333-S		
Title of motion or objection that you want decided			objection	Motion or objection	entry nu	ımber
Motion for Summary Judgement		10/03/2016		176		
Print the name of the party filing this re						
Stamford Health Systems, I	ic. d/b/a Stamtord Hospital				V	N1_
					Yes	No
1. May the motion or objection be granted or sustained by agreement or consent?					Ш	X
2. Has opposing counsel or self-represented party already filed a response to the motion or objection?						X
If yes, provide the date of the response: and entry number:						
If no, indicate the agreed date, if any, when the response will be filed: 10/13/2016						
3. Is oral argument requested?						
4. Is testimony required?						X
If yes, how much time will be needed:						
5. Does the matter need immediate action?						
Trial scheduled for January 2017.						
6. Are there any other motions or pleadings directly related to the Court's consideration of the motion or objection? If yes, give the title, date and entry number of the motion(s) or pleading(s): Certification						
I certify that a copy of this document was mailed or delivered electronically or non-electronically on (date) 10/18/16 to all						
attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-						
represented parties receiving		The second section of the section		-		
Name and address of each party and attorney that copy was mailed or delivered to*		Signed (Individual attorney or self-represented party)				
See attached.		4				
	▶	· (/ c)	
	Pri	rint or type name of p	person sing	ging)	
		rint or type name of p		ging		
* If necessary, attach additional sheet of		••		ging		
* If necessary, attach additional sheet of	Si	Simon I. Allentu		ging		
	Si or sheets with the name and address the copy was mailed or delivered to.	Simon I. Allentu	ıch	ging)	
	or sheets with the name and address the copy was mailed or delivered to. (For Court Use Only) Reply briefs filed by (date):	Simon I. Allentu	ıch	ging		

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact the court clerk of the Judicial District above. www.jud.ct.gov/ADA/

Print Form

Reset Form

CERTIFICATION

This is to certify that a copy of the foregoing was mailed, postage prepaid, this 18th day of

October, 2016 to the following counsel of record:

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/s/ Simon I. Allentuch

Simon I. Allentuch Neubert, Pepe & Monteith, P.C.